If you require special accommodation(s) in testing due to a legally defined disability, please notify the Human Resources Department in writing at the time of application.

The City of Muskegon contracts with the County of Muskegon for human resources services.

CITY OF MUSKEGON

Submit Application to:

Muskegon County Human **Resources Department** 1611 Oak Avenue, Suite 2 Muskegon MI 49442

Telephone (877) 521-JOBS Fax (231) 724-6840

As e-mail attachment: jobs@co.muskegon.mi.us

The City of Muskegon is an equal opportunity employer and shall consider all qualified applicants without regard to race,

color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class. PERSONAL INFORMATION: Social Security Number Other Contact (Phone number, e-mail address, etc.) **Home Phone Number** Street Address City State ZIP ☐ No If no, please explain **Driver License Number** State If yes, type and endorsement(s) Reason for Transfer: _ **EDUCATION:** Please give school/trade school/college information below: First Name School Name & Location Credits Diploma Curriculum **Earned Earned** Yes/No Yes/No Yes/No Yes/No Yes/No ast Name

NOTICE TO TRANSFER/PROMOTIONAL APPLICANTS

The decision to accept or reject an application for transfer or promotion is made by comparing the minimum qualifications as listed in the job posting and the information provided in or appended to the appropriate employment application.



EXPERIENCE: Please list your history of employment and/or unemployment. Start with your present status/last job held and work backward. Use additional sheets if necessary.

THIS SECTION MUST BE COMPLETED EVEN IF SUBMITTING A RESUME!

Current City Position		
Employment Dates to	Supervisor's Name	
Job Title		
Job Duties		
Previous Employer/Position	Address	Phone
Employment Dates to	Supervisor's Name	
Job Title		
Job Duties		
Reason for leaving	Salary/Hourly Rate	
SKILLS : Describe below any specialized operation, licenses, certificates, and extra applying:		
EQUIPMENT OPERATION: Please list to operating:	below each kind of specialized equipm	nent you are skilled in
Do you know of any reason why you cannot or may not be able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No		
Please describe any accommodations re-	quired:	
I hereby authorize any agency to give an possess and release them from any dam Michigan, or its agent.		

I hereby certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that false statements made herein are sufficient cause for rejection of this application.